# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10 / 551 150  **FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| **TOTAL IND.** | | | 3 | | | |
| **TOTAL DEP.** | | | 21 | | | |
| **TOTAL CLAIMS** | - | | 24 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| **TOTAL IND.** | | | | | | |
| **TOTAL DEP.** | | | | | | |
| **TOTAL CLAIMS** | | | | | | |

PTO-1360 (REV. 11/04)